Western Virginia EMS Council

		Patrio	ck Co	unty EN	AT-Enha	nced I	Pilot Cours	Se
	Clinical Documentation Form							
	SSN:	me:		<u> </u>			rse Level: EMT	-Enhan¢ed PILOT
		ust be complete the Unit RN or ity/Unit	ed in full MD, the	for each off hours will r	nical rotation and the control of th	attended. d toward r	/ \	hours.
	Facili		Date		V V	Hours	KN/	MID Signature
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ALL COMPETENCIES MUST BE COMPLETED BY

May 25, 2001